CITY OF WINNIPEG

HEALTH DEPARTMENT

ANNUAL REPORT
of the
Medical Health Officer

Year
1960

R.G. Cadham, M.D., D.P.H.

CITY HEALTH DEPARTMENT

Winnipeg, 1961.

Chairman and Members,
Committee on Public Health and Welfare.

Madam and Gentlemen:

I have the honour to present the annual report and the financial statement of the Health Department for the year 1960.

No outbreaks of any major infectious diseases occurred. Indeed, the usual waves of frequently unidentified types of minor infection which periodically sweep through the population causing considerable absenteeism from school or work failed to appear. Only one case of poliomyelitis was reported and this case occurred in December and was the only case to be reported in the previous twenty-six months. Although the level of artificial immunization against poliomyelitis is very high in Winnipeg, it would appear that there are other unknown factors contributing to the lack of cases of this dreaded disease in an area which prior to 1959 had a relatively high yearly incidence of poliomyelitis. The number of cases of scarlet fever dropped from 335 cases in 1959 to 48 cases in 1960. No cases of typhoid fever were reported compared to the ten cases which occurred in 1959. The tuberculosis death rate was 6.3 per 100,000 population compared to 7.0 for the previous year. One comparatively serious outbreak of salmonella food poisoning occurred involving some 31 individuals. In common with most other countries in the Western Hemisphere, there has been a very marked increase in deaths from cancer of the lung, particularly in males, from 38 such deaths in 1952 to 67 male deaths in 1960. Cancer of the lung is now the most common form of cancer in males. The

great increase in the incidence of this disease is considered to be the result of the increase in cigarette smoking in the past three or four decades. This fact stimulated a survey of the smoking habits of Winnipeg school children by questionnaire prior to the introduction of an anti-smoking educational campaign in certain of the elementary and junior high schools. It is our hope to repeat the survey in two or three years time and to compare the results of these two surveys in an endeavour to establish if such an anti-smoking campaign has any effect in reducing the number of students who become habitual cigarette smokers.

Early in the year, with the implementation of the Provincial Social Allowances Act all public nursing home patients became the financial responsibility of the Provincial Government. Following the introduction of this Act the Hon. George Johnson, Minister of Health, requested the Health Department to continue to provide medical care and supervision not only to all nursing home patients who are residents of Winnipeg but to all public patients in nursing homes licensed by the City of Winnipeg regardless of their resident status.

It is doubtful if proprietary nursing homes will ever be an entirely satisfactory way of providing care for the chronically ill or disabled. Experience has shown that patients in non-proprietary nursing homes usually receive better nursing and nutritional care than patients in proprietary nursing homes. It is to be hoped that the present study of the Provincial Health Department relating to hospital facilities in Manitoba will show the need for

more suitable beds for the chronically ill or disabled.

The Social Allowances Act also made provision under the "Medicare" Plan for individuals in receipt of provincial welfare who require medical attention to go to a physician of their own choice. This resulted in a 5% reduction in the number of medical house calls (1,818) made on individuals receiving relief from the City of Winnipeg who required medical attention at home.

The Public Health Nursing Service had an extremely active year with 28,119 home visits to infants and pre-school children. Also, 26,387 pupils were referred to the nurses in the schools for various health reasons. The immunization program conducted in the Child Health Centres and in the school population continued at a very high level. The attendance at the classes for expectant mothers is continually growing and consideration will have to be given to instituting classes in the evenings.

The Child Dental Services were, as usual, extended to the limit. 3,125 children attended the dental clinic for treatment and 11,758 dental inspections were completed of children in kindergarten and Grades I and II. Such dental inspections are a very fruitful field for improving the oral hygiene of children in these age groups.

The Inspections Branch had a most satisfactory year. The introduction of a local by-law to prevent any form of incineration of garbage or refuse in outside incinerators by private citizens has, on the whole, been well received and has dramatically reduced the number of complaints previously received as a result of this offensive practice. The nuisance created by pigeons was again held in check

with approximately 3,000 pigeons being shot by our pigeon shooter. The mandatory closing of wading pools in 1959 by the Health Department resulted in the Board of Parks and Recreation introducing a continuous circulation, filtration and automatic chlorination system for all wading pools. The change in the bacterial count indicative of pollution in these pools with the introduction of this system has been nothing less than remarkable.

The Dairy Division carried out 2,560 inspections among the 1,000 milk producers shipping milk into Winnipeg. 43,973 various bacteriological tests were completed in the laboratory.

8,543 inspections were made by the Housing Division. Overcrowding in dwellings, as over the past years, continued to be a most difficult problem with which to deal.

The high standard of sanitation and hygiene in all food handling establishments was maintained and it is apparent that the introduction of the Provincial Liquor Control Act contributed to elevating the health standards of many food handling establishments. Some 12,900 inspections were made by the Food Inspectors.

The Division of Sanitation and Hygiene had a very heavy year, completing over 19,000 inspections. The nuisance created by old types of incinerators in apartment blocks built many years ago continues to be one of the main problems of this Division.

In summary, this has been a very satisfactory year, and on the following pages are recorded in detail the activities of the Health Department for the year 1960. The support of the Committee on Public Health and Welfare as well as that of other elected representatives

to the City Council has been appreciated by myself and all other members of the staff.

Respectfully submitted,

R.G. Cadham, M.D.
Medical Health Officer.

RGC/ah.

CONTENTS

COMMITTEE ON PUBLIC HEALTH AND WELFARE

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STAFF

Medical Health Officer	R. G. Cadham, M.D., D.P.H.
Deputy Medical Health Officer.	J. B. Morison, M.D., D.P.H.
Assistant Medical Health Officer.	J. E. Davies, M.B.B.S.
Consultant, Child Care Services	H. Medovy, M.D.
Director of Dental Services	C. H. McCormick, D.D.S., D.D.P.H.
Director, Public Health Nursing	Miss L. MacKenzie, R.N., M.A., P.D.
Chief Health Inspector	E.J. Rigby, D.V.M.
Secretary	E. Singleton

HISTORY

From a Hudson's Bay Company trading post (Fort Garry) in 1870, with a population of 215, Winnipeg has grown to the size and finish of a first-class city of approximately 258,000 people. When the City was incorporated in 1873 there was a population of 1,869.

The present Health Department may be said to date from 1900 when the late Dr. A.J. Douglas was appointed the first full time Health Officer.

From 1881 to 1900 Winnipeg had a series of part time Medical Health Officers.

In 1941 amalgamation with the School Medical Services occurred and the services increased and extended to all child caring institutions in the City without distinction. This applies to Medical, Dental and Nursing Services.

The Child Health Services Board was set up to help the Department in a consultative manner, meetings being held at the call of the Chairman. This Board was replaced in 1955 by a monthly meeting of the administrative Officers of the School Board and the Health Department.

The Department has now several Branches to carry out the provisions of the Public Health Act of Manitoba, the Health By-law of the City and a number of other City By-laws.

AREA AND POPULATION

The City covers a total area of 25 square miles - land 24.27 square miles (15,723 acres), and water .73 square miles (469 acres). The density of the population is 16.3 persons per acre of land.

For statistical purposes the population for 1960 is 256,591, as determined by the Assessment Commissioner. This is a reduction of 1,307 from the population of 257,898 in 1959. However, in 1960 the natural increase (live births less deaths) was 3,604 making the actual loss in population 4,911.

VITAL STATISTICS AS REGISTERED IN WINNIPEG, 1960

(Including Non-Residents)

	1960	1959
Live Births	9,390	8,956
Deaths	3,091	2,963
Infant Deaths	285	247
Stillbirths	106	104
Puerperal Deaths	5	5

Summary of Vital Statistics, Residents, 1960

		1960	1959
Live Births	Male	3,235	3,100
	Female	3,046	2,923
	TOTAL	6,281	6,023
Rate per 1,000 Population		24.5	23.4
Deaths	Male	1,598	1,641
	Female	1,082	1,097
	TOTAL	2,680	2,738
Rate per 1,000 Population		10.4	10.6
Natural Increase		3,601	3,285
Infant Deaths (-1 year)	Male	96	84
	Female	62	70
	TOTAL	158	154
Rate per 1,000 Live Births		25.1	25.6
Stillbirths	Male	57	34
	Female	51	38
	Sex Undetermined	1	1
		109	73
Rate per 1,000 Live Births		17.4	12.1
Puerperal Deaths		2	2
Rate per 1,000 Live Births		.3	.3

(Population - December 31, 1960 - 256,591)

LIVE BIRTHS, RESIDENTS ONLY

In 1960 there occurred to Winnipeg residents a total of 6,281 live births, giving a rate of 24.5 per 1000 population which is the highest ever recorded in the City. Comparative figures for 1959 were 6,023 live births with a rate of 23.4 per 1000 population.

Boys outnumbered girls in the ratio of 1063 boys to 1,000 girls. First children accounted for 2,236 (2,234) or 35.6% (37.1%). 1959 figures in brackets. Second children 1,713 (1,617) or 27.3% (26.8%). 5,946 (5,711) or 94.7% (95.2%) included the fifth child.

INFANT MORTALITY

Deaths of infants under one year of age numbered 158, giving a rate of 25.1 per 1,000 live births as compared with 25.6 in 1959. There are always more male babies die than females and the rate of 25.1 per 1,000 live births represents a composite of a rate of 29.7 for boys and 20.4 for girls. There were 109 or 69% of the deaths occurred during the first week of life and of these 73 occurred on the first day.

The principal causes of infant deaths were (1959 figures are shown in brackets) -- Immaturity 36 (22); Injury at Birth 17 (21); Pneumonia, all forms, 11 (19); Postnatal Asphyxia and Atelectasis 11 (17); Congenital Malformations 35 (22).

A detailed list of the causes of infant deaths is on pages 13 and 14 of this report.

MATERNAL MORTALITY

There were two deaths from conditions pertaining to child-bearing, giving a rate of .3 per 1,000 live births which is the same as that recorded in 1959.

DEATHS

There were 2,630 deaths of Winnipeg residents in 1960, giving a rate of 10.4 per 1,000 population which is a small decrease from the rate of 10.6 recorded in 1959.

Heart diseases were responsible for some 1,005 or 37.5% of all deaths. Cancer for 494 or 18.4%. Accidents, poisonings and violent deaths continue to cause over 5% of all deaths.

Eighty-eight percent of the deaths occurred in persons 45 years of age and over, and 67% occurred in persons 65 years and over. In the age group one year to 44 years, 6% of deaths occurred.

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Our appreciation and thanks is extended to all those who co-operated with us during the year in permitting us to use the registrations of births and deaths or copies of them, and for the use of the tabulating machines.

LIVE BIRTHS, RESIDENTS ONLY

YEAR	NUMBER OF BIRTHS	RATE PER 1,000 POPULATION	INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
1943	4,294	18.9	197	45.9
1944	4,060	17.7	144	35.5
1945	4,210	18.2	134	31.8
1946	5,223	22.6	184	35.2
1947	5,532	23.6	193	34.7
1948	4,779	20.4	153	32.0
1949	4,968	21.2	137	27.6
1950	5,045	21.1	133	26.4
1951	5,254	21.9	115	21.9
1952	5,417	22.5	131	24.2
1953	5,586	23.0	166	29.7
1954	5,920	24.3	145	24.4
1955	6,016	24.2	147	24.4
1956	5908	23.3	144	24.4
1957	6,067	23.8	180	29.7
1958	5,892	23.1	155	26.3
1959	6,023	23.4	154	25.6
1960	6,281	24.5	158	25.1

ORDER OF BIRTH BY AGE OF MOTHER

	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40 & over	Age Unknown	TOTAL	% of TOTAL
1st	6	548	1,030	438	144	52	15	3	2,236	35.6
2nd		112	720	544	231	84	21	1	1,713	27.3
3rd		21	281	389	245	109	31	2	1,078	17.2
4th			78	214	177	130	21	3	623	9.9
5th			26	95	89	67	19		296	4.7
6th & over			5	63	113	111	41	1	334	5.3
Unknown								1	1	
TOTAL	6	681	2,140	1,743	999	553	148	11	6,281	100.0

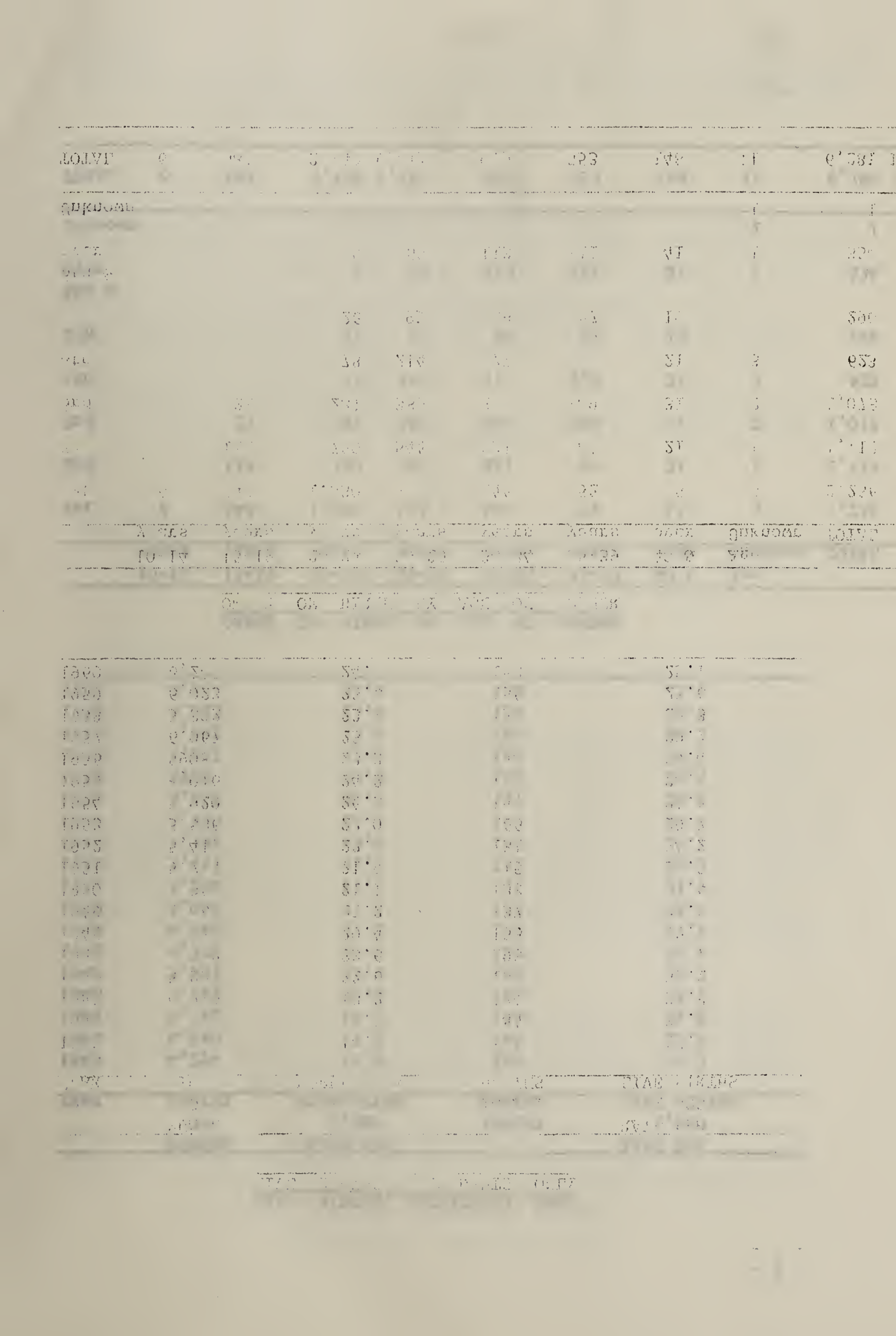

Table Showing Number of Births, Deaths, Infant Deaths And Maternal Mortality With Rates For Winnipeg For Years 1911-1960 * **

YEAR	BIRTHS	RATE PER 1,000 pop.	DEATHS	RATE PER 1,000 pop.	INFANT DEATHS	RATE PER 1,000 pop.	MATERNAL MORTALITY	RATE PER 1,000 L.B.
1911-1915	5,369	29	2,022	11.1	813	152	35	6.5
1916-1920	5,695	30	2,177	11.5	570	104	35	6.9
1921-1925	5,371	27	1,677	8.5	415	77	25	4.7
1926-1930	4,527	22	1,777	8.7	277	61	26	5.7
1931-1935	3,944	18	1,512	6.9	170	43	20	5.1
1936-1940	3,785	17	1,697	7.7	138	36	17	4.5
1941-1945	4,037	18	1,985	8.7	159	39	10	2.3
1946-1950	5,200	22	2,035	8.7	164	31	4	.8
1951-1955	5,639	23.2	2,220	9.2	140	24.8	4	.7
1956	5,908	23.3	2,438	9.6	144	24.4	1	.2
1957	6,067	23.8	2,551	10.0	180	29.7	2	.3
1958	5,892	23.1	2,566	10.0	155	26.3	4	.7
1959	6,023	23.4	2,738	10.6	154	25.6	2	.3
1960	6,281	24.5	2,680	10.4	158	25.1	2	.3

Table Showing Number of Deaths and Rate Per 100,000 Population From Certain Diseases For Winnipeg For The Years 1911 to 1960 * **

YEAR	T.B.	Rate per 100,000 Population	4 Acute Comm. ≠ Diseases	Rate per 100,000 Population	Diseases Of Heart	Rate per 100,000 Population	Cancer All Forms	Rate per 100,000 Population
1911-1915	131	72	142	78	117	64	87	48
1916-1920	136	72	135	72	138	73	135	72
1921-1925	94	48	65	33	174	88	178	90
1926-1930	86	42	37	18	233	115	209	103
1931-1935	65	29	15	7	308	141	268	123
1936-1940	52	24	11	5	450	205	283	129
1941-1945	51	22	8	4	613	270	324	143
1946-1950	34	14	4	2	676	291	333	143
1951-1955	20	8	1	0.4	804	334	412	169
1956	11	5	2	0.8	867	341	464	182
1957	22	9	3	1.2	922	362	413	162
1958	17	7	-	-	958	375	475	186
1959	15	6	-	-	1010	392	482	187
1960	18	7	1	0.3	1005	391	494	192

* 1911-1930 include non-residents. 1931-1955 include residents only.
** 1911-1955 show average figures for the periods
≠ Measles, Scarlet Fever, Diphtheria, Whooping Cough.

LEADING CAUSES OF DEATHS, 1960, RESIDENTS ONLY

CAUSE OF DEATH	1960		1959	
	Number of Deaths	% of Total Deaths	Number of Deaths	% of Total Deaths
Heart Diseases (410-443)	1005	37.5	1010	36.9
Malignant Neoplasms (140-205)	494	18.4	482	17.7
Vascular Lesions Affecting Central Nervous System (330-334)	246	9.2	267	9.8
Pneumonia (490-493)	162	6.0	179	6.5
Accidents, Poisonings & Violent Deaths (E800-E999)	143	5.3	156	5.7
Malformations and Diseases of Early Infancy (750-776)	124	4.6	125	4.5
Cirrhosis of Liver (581)	38	1.4	24	.9
Intestinal Obstruction and Hernia (560-561, 570)	35	1.3	14	.5
Diabetes Mellitus (260)	26	1.0	36	1.3
Pulmonary Tuberculosis (002)	18	.6	15	.5
Nephritis & Nephrosis (590-594)	16	.6	12	.4
Ulcer of stomach and duodenum (540-541)	15	.6	23	.8
Hypertension without mentior of Heart (444-447)	12	.5	16	.6
Bronchitis (500-502)	12	.5	20	.7
Acute Poliomyelitis (080)	-		-	
All other causes	334	12.5	359	13.2
TOTAL	2,680	100.0	2,738	100.0

Causes of Death

The following pages give particulars of the number of deaths of Winnipeg residents for the year 1960, classified according to cause, age and sex. The causes of death are coded according to the Seventh Revision of the International Lists of Diseases and Causes of Death.

DEATHS TO WINNIPEG RESIDENTS BY CAUSE, AGE AND SEX - 1960

CAUSE	Male	Female	0 - 28 days	29d. - 1 yr.	1 - 2 yrs.	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs +	TOTAL
Pulmonary Tuberculosis (002)	14	4					1		1	1	1	2	2	4	5		18
Other T.B. of respiratory system (001,003-008)	1	-														1	1
T.B., other forms (010-019)	1	-								1							1
Syphilis and its sequelae (020-029)	1	1											1		1		2
Meningococcal infections (057)	-	1		1													1
Poliomyelitis (080)	-	-															-
Malignant neoplasms including neoplasms of lymphatic and haematopoietic tissues (140-205)	292	202		3	2			2	14	24	46	90	64	164	73	12	494
Benign and unspecified neoplasms (210-239)	7	3		1							3	2	1	3			10
Diabetes Mellitus (260)	12	14							1			10	8	4	3		26
Anaemias (290-293)	5	1										1		1	3	1	6
Vascular lesions affecting central nervous system (330-334)	123	123		2					1		6	25	24	102	76	10	246

Cause	Male	Female	0 - 28 days	29d. - 1 yr.	1 - 2 yrs.	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs. +	Total
Nonmeningococcal Meningitis (340)	1										1						1
Chronic rheumatic heart disease (410-416)	10	21							1	3	5	7	3	9	2	1	31
Arteriosclerotic and degenerative heart diseases (420-422)	568	307					1		3	14	60	142	107	338	177	33	875
Other diseases of heart (430-434)	33	23	1						1	1	2	6	6	19	13	7	56
Hypertension with heart disease (440-443)	22	21									2	4	5	15	15	2	43
Total Heart Diseases (410-443)	633	372	1				1		5	18	69	159	121	381	207	43	1005
Hypertension without mention of heart (444-447)	8	4									1	1	1	5	4		12
Influenza (480-483)	2	1												1	1	1	3
Pneumonia (490-493)	90	72		11					2	2	7	10	11	59	46	14	162
Bronchitis (500-502)	8	4									1		4	4	3		12

Cause	Male	Female	0 - 28 days	29d. - 1 yr.	1 - 2 yrs.	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs. +	Total
Ulcer of stomach and duodenum (540-541)	9	6										3	1	6	4	1	15
Appendicitis (550-553)	2	-					1							1			2
Intestinal obstruction and hernia (560,561,570)	18	17	2	1			1			1	1	5	3	11	9	1	35
Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn (543, 571-572)	4	6		2							3	1		3	1		10
Cirrhosis of Liver (581)	27	11							1	3	6	9	6	9	4		38
Nephritis and nephrosis (590-594)	7	9					1	1		1	3	2	2	3	3		16
Hyperplasia of prostate (610)	5	-											1	2	1	1	5
Complications of pregnancy, childbirth and the puerperium (640-652, 670-689)	-	3							1	2							3

Cause	Male	Female	0 - 28 days	29d. - 1 yr.	1 - 2 yrs.	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs. +	Total
Congenital Malformations (750-759)	19	11	22	4		2				1		1					30
Birth Injuries, postnatal asphyxia and atelectasis (760-762)	18	10	28														28
Infections of the newborn (763-768)	5	2	7														7
Other diseases peculiar to early infancy and immaturity unqualified (769-776)	32	27	58	1													59
Totals 750 - 776.	74	50	115	5		2				1		1					124
Senility without mention of psychosis, ill-defined and unknown causes. (780-795)	3	8	1						1	1		1	1	1	4	1	11

Cause	Male	Female	0 - 28 days	29d. - 1 yr.	1 - 2 yrs.	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs. +	Total
<u>Accidents, Poisonings and Violence (External Cause)</u>																	
Motor vehicle accidents (E810-E835)	23	13		1	1	2	1	6	6	1	1	10	3	4			36
All other accidents (E800-802, E840-965)	4;	27		9	1	1	5	1	8	3	7	6	2	9	14	2	68
Suicide and self-inflicted injury (E970-979)	31	6						5	3	3	9	8	2	6	1		37
Homicide and operations of war (E980-999)	1	1			1						1						2
Total Violent Deaths (E800-999)	96	47		10	3	3	6	12	17	7	18	24	7	19	15	2	143
All other diseases (residual)	155	123	2	7		1	1	4	8	7	16	30	28	89	67	18	278
GRAND TOTALS	1598	1082	121	43	5	6	12	19	52	69	183	376	286	872	530	106	2,680

INFANT DEATHS, WINNIPEG RESIDENTS, FOR THE YEAR 1960 - BY CAUSE, AGE AND SEX

Code Number	Cause of Death	Total	Male	Female	0-7 Days		8-14 Days		15-21 Days		22 d. - 1 mo.		1 mo. -1 yr.	
					M	F	M	F	M	F	M	F	M	F
751	Spina bifida and meningocele	2	1	1			1	1						
754	Congenital malformations, circulatory system	10	9		4	1	2						3	
750,752,753, 755-759	All other congenital malformations	15	9		7	4	1		1					2
760-761	Birth Injuries	17	11		11	6								
762	Postnatal asphyxia and atelectasis	11	7	4	7	4								
763	Pneumonia of newborn	4	3	1	2	1	1							
764	Diarrhoea of newborn	2	1	1					1	1				
768	Other sepsis of newborn	1	1		1									
770	Haemolytic disease of newborn (erythroblastosis)	5	3	2	3	2								
769,771,772	All other defined diseases of early infancy	6	3	3	2	3	1							
773	Ill-defined diseases peculiar to early infancy	12	6	6	5	6							1	
774-776	Immaturity with subsidiary condition or unqualified	36	20	16	20	16								
	All other causes	37	22	15	1	3	1	2			6	1	14	9
	TOTALS	158	96	62	63	46	7	3	2	1	6	1	18	11

DETAILS OF INFANT DEATHS LISTED IN "ALL OTHER CAUSES" FOR 1960, RESIDENTS

Code Number	Cause of Death	Total	Male	Female	0-7 days		8-14 days		15-21 days		22 d. -1 mo.		1 mo. -1 yr.	
					M	F	M	F	M	F	M	F	M	F
57.1	Acute and unspecified meningococcaemia	1		1				1						
204.3	Acute leukaemia	1	1										1	
237	Neoplasm of unspecified nature of brain	1	1										1	
334	Other ill-defined vascular lesions affecting central nervous system	1		1										1
343	Encephalitis, myelitis and encephalomyelitis	1		1		1								
344	Late effects of intracranial abscess	1		1		1								
431	Acute myocarditis not specified as rheumatic	1	1				1							
475	Acute upper respiratory infection of multiple or unspecified sites	1	1										1	
490	Lobar pneumonia	1	1										1	
491	Bronchopneumonia	5	3	2							1		2	2
492	Primary atypical pneumonia	4	2	2									2	2
493	Pneumonia, other and unspecified	1	1										1	
517	Other diseases of upper respiratory tract	2	1	1									1	1
560.4	Hernia of abdominal cavity without mention of obstruction	2	1	1	1	1								
561.0	Hernia of abdominal cavity with obstruction	1	1								1			
576	Peritonitis	1	1								1			
578	Other diseases of intestines and peritoneum	1	1										1	
587.2	Diseases of pancreas	1		1										1
603	Other diseases of kidney and ureter	1		1				1						
795.5	Ill-defined and unknown causes of morbidity and mortality.	1		1		1								
921	Inhalation and ingestion of food causing obstruction or suffocation	6	5	1							3		2	1
922	Inhalation and ingestion of other object causing obstruction or suffocation	2	1	1								1	1	
		37	22	15	1	4	1	2			6	1	14	8

CITY HEALTH DEPARTMENT, WINNIPEG, MANITOBA

NUMBERS ON MAP INDICATE STATISTICAL DISTRICTS

INFANT MORTALITY, 1960, BY DISTRICTS - Residents Only

DISTRICT	LIVE BIRTHS	INFANT DEATHS						STILLBIRTHS		PUERPERAL DEATHS	
		Total		0-14 days		15D.- 1 Yr.					
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1	168	4	2.4	3	1.8	1	.6	4	2.4		
2	91	1	1.0	-	-	1	1.1	1	1.0		
3	140	2	1.4	2	1.4	-	-	-	-		
4	68	2	2.9	2	2.9	-	-	2	2.9		
5	257	9	3.5	8	3.1	1	.4	5	1.9		
6	273	5	1.8	5	1.8	-	-	5	1.8		
7	123	4	3.3	3	2.5	1	.8	3	2.4		
8	81	1	1.2	-	-	1	1.2	2	2.4		
9	132	3	2.3	3	2.3	-	-	-	-		
10	149	6	4.0	3	2.0	3	2.0	4	2.7		
11	30	-	-	-	-	-	-	-	-		
12	90	2	2.2	-	-	2	2.2	-	-		
13	107	2	1.8	1	.9	1	.9	1	.9		
14	60	1	1.7	1	1.7	-	-	1	1.7		
15	105	2	1.9	2	1.9	-	-	2	1.9		
16	154	6	3.9	6	3.9	-	-	4	2.6		
17	108	4	3.7	3	2.8	1	.9	3	2.8		
18	39	1	2.6	1	2.6	-	-	-	-		
19	154	2	1.2	1	.6	1	.6	2	1.2		
20	100	2	2.0	2	2.0	-	-	5	5.0		
21	241	4	1.7	4	1.7	-	-	4	1.7		
22	143	3	2.1	3	2.1	-	-	3	2.1		
23	52	2	3.8	1	1.9	1	1.9	1	1.9		
24	123	4	3.3	4	3.3	-	-	1	.8		
25	373	10	2.7	6	1.6	4	1.1	3	.8	1	.3
26	81	2	2.4	1	1.2	1	1.2	1	1.2		
27	232	9	3.9	3	1.3	6	2.6	6	2.6	1	.4
28	57	1	1.8	1	1.8	-	-	-	-		
29	64	1	1.6	1	1.6	-	-	1	1.6		
30	79	3	3.8	3	3.8	-	-	-	-		
31	81	3	3.7	3	3.7	-	-	-	-		
32	220	5	2.3	5	2.3	-	-	4	1.8		
33	156	6	3.7	4	2.5	2	1.2	7	4.5		
34	140	2	1.4	2	1.4	-	-	3	2.1		
35	216	4	1.9	4	1.9	-	-	5	2.3		
36	22	2	9.1	2	9.1	-	-	2	9.1		
37	81	2	2.4	2	2.4	-	-	3	3.7		
38	192	5	2.6	3	1.5	2	1.0	3	1.5		
39	103	1	1.0	1	1.0	-	-	3	2.9		
40	172	4	2.3	3	1.7	1	.6	3	1.7		
41	226	7	3.1	4	1.8	3	1.3	1	.4		
42	139	4	2.9	3	2.2	1	.7	2	1.4		
43	129	5	3.8	4	3.1	1	.7	2	1.6		
44	139	1	.7	1	.7	-	-	2	1.4		
45	26	-	-	-	-	-	-	-	-		
46	40	-	-	-	-	-	-	1	2.5		
47	72	1	1.4	-	-	1	1.4	2	2.8		
48	253	8	3.1	5	1.9	3	1.2	2	.8		
TOTALS	6,281	158	2.5	119	1.9	39	.6	109	1.7	2	.03
Rates Per 1,000 L.B.		25.2		18.9		6.2		17.4		.31	

During 1959 regulations concerning reporting of chicken pox, erysipelas, measles, mumps, and influenza were relaxed. In an effort to give the medical health officer a picture of the prevalence of these illnesses in the community a system of weekly reports by the public health nurses of the incidence of illnesses in all schools has been developed. Specific infectious diseases are reported by diagnosis. Non-specific illness are reported by symptoms only. These reports are tabulated weekly to give a picture of the prevalent syndromes in the community. Where there appears to be a new syndrome developing the public health nurse collects appropriate specimens for bacteriological and virus study.

The total of infectious diseases among those which are reportable was 367 in 1960. This was down from 680 in 1959. The main decrease was due to a drop in scarlet fever from 335 to 48.

POLIOMYELITIS

A record period without a recorded case of poliomyelitis commencing in October, 1958 ended in December 1960 with a single case of paralytic poliomyelitis confirmed by virus culture (Type III.)

ASEPTIC MENINGITIS

Only six cases were reported compared with twenty-six the previous year.

INFECTIOUS HEPATITIS

145 cases were reported in 1960, compared with 149 the previous year. This accounts for 40% of all reportable diseases. 87 of these cases occurred in school children. A study of the attack rates in the schools over a two year period showed rates to be highest in the schools serving the older more crowded areas of the city. The department has followed up all cases and urged use of free prophylactic gamma globulin in all contacts.

FOOD POISONING

Only 31 cases of food poisoning reported but this undoubtedly represents a small proportion of cases. 22 of these occurred in one episode at a banquet. Salmonella Thompson was isolated in that instant.

MEASLES

The school survey indicated 1,636 cases of measles in 1960 compared to 684 cases in 1959. 1,585 of these occurred in the early months of 1960 and were part of the measles outbreak of the winter of 1959-60.

OTHER ILLNESSES

The school survey shows a continuing prevalence of ringworm infection, one or two cases being reported each week, and leading to lengthy withdrawal from school. The Health Department has made arrangements for diagnositic examination of pets in affected families.

The survey also showed 730 cases of mumps, 1,016 cases of chicken pox, and 634 cases of impetago.

TABLE OF REPORTABLE INFECTIOUS DISEASES

CASES AND DEATHS REPORTED	CASES 1960	DEATHS 1960	CASES 1959	DEATHS 1959
Diarrhoea, of the New Born	10	-	22	-
Diphtheria	2	1	-	-
Diphtheria Carriers	-	-	-	-
Dysentry, Amoebic	-	-	-	-
Dysentry, Bacillary	10	-	30	-
Dysentry, Unspecified	-	-	16	-
Encephalitis, Infectious	1	-	-	-
Hepatitis, Infectious	145	-	149	1
Meningitis, (Meningococcal)	6	-	5	-
Meningitis, (Viral or aseptic)	6	-	28	-
Paratyphoid Fever	-	-	-	-
Paratyphoid Fever Carriers	-	-	-	-
Poliomyelitis	1	-	-	-
Scarlet Fever	48	-	335	-
Small pox	-	-	-	-
Tuberculosis, Pulmonary	66	18	69	15
Typhoid Fever	-	-	10	-
Typhoid Fever Carriers	-	-	1	-
Undulant Fever	3	-	4	-
Whooping Cough	52	-	6	-
Food Poisoning	31	-	5	-
	381	16	680	16

The nationwide trend in control of tuberculosis is reflected in figures for Winnipeg, although the local figures are becoming too small for fruitful analysis.

DEATHS

There were 15 deaths from pulmonary tuberculosis and one from tuberculous peritinitis. The death rate was 6.3 per 100,000 which does not differ significantly from the figures over the previous ten years.

NEW CASES

Sixty-six new cases of tuberculosis were reported during the year, a rate of 25.7 per 100,000 population which compares favorably with the national rate for 1959 (37.0) and Manitoba in 1959 (40.2). The cases were more common in the older more crowded sections of the city with three of the statistical districts showing rates in excess of 100 per 100,000 population.

Forty-seven of the new cases were pulmonary tuberculosis, twenty-seven male, twenty female, and three were pleurisy with effusion, all male. The remaining four male and twelve female cases had non-pulmonary disease. Four of the pulmonary cases were in persons aged 75, 77, 76, and 95 who died of other diseases and were found to have extensive active pulmonary disease at post-mortem.

There were an additional five cases reported to the City Health Department during the year. These were European refugees admitted to the country with tuberculosis. There were four men and one woman in this group, all with pulmonary disease.

SURVEYS

The Sanatorium Board conducts all surveys in the Winnipeg area. The Health Department assists in arrangements and in follow-up of findings. The number of x-rays taken during the year has been reduced by a practice of not repeating routine and pre-employment films if there has been a film in the previous year, and also by the increased screening with tuberculin tests.

1. 4x5 unit at City Hall -- This unit is now operated on a part-time basis by the Sanatorium Board. 4,463 x-rays were taken compared to 9,183 in 1959.
2. 70mm survey units -- These units operates on 39 different sites offering surveys to 288 office, business, and industrial concerns. 10,717 x-rays, a decrease from 18,377 were taken. Three active cases were discovered.
3. Tuberculin surveys -- Increasing use is being made of the tuberculin test using the Heaf gun. This device can be used by trained technicians to administer the tuberculin test on a mass scale. The nine city high schools were surveyed by this method. 5,356 tuberculins were done. 5,119 were read with 4,917 negative and 202 positive reactors, One active case was discovered in this survey.

During the year a start was made at introducing the tuberculin test as part of the routine pre-employment procedure of some of the larger employers.

HOSPITALIZATION

There was an average of 109 Winnipeg residents hospitalized in the various sanatoria during the year 1960. This is down from 126 the previous year. Most (75) were at St. Boniface Sanatorium. Only 50 of the new active cases were admitted to sanatorium. Eleven of the new cases were treated at home, four coming to the CTC for streptomycin.

PUBLIC HEALTH NURSING

The public health nurses were active in following up contacts, cases on home treatment, and discharged cases still under active supervision. The average number of cases under supervision during the year was 1,040.

In conclusion the co-operation and assistance extended to the City Health Department by the various agencies concerned with the treatment or control of Tuberculosis has been greatly appreciated.

James B. Morison.

James B. Morison, M. D., D.P.H.
Deputy Medical Health Officer.

TABLE I

Deaths from Tuberculosis

Year	Number	Rate per 100,000 pop.
1940	52	23.0
1950	21	8.8
1955	17	7.0
1959	18	7.0
1960	16	6.3

TABLE II

Active Cases Pulmonary Tuberculosis Discovered

Year	Total	By Survey	No. of X-rays	X-rays per case
1953	74	26	72,259	2,779
1955	48	11	49,150	4,469
1957	61	8	61,068	7,633
1959	79	3	27,560	9,187
1960	45	4	15,180	3,795

TABLE III

X-rays by Units

	1960		1959	
City Hall (4 x 5 Unit)				
Survey, contact and others	2,238		5,935	
Pre-employment	2,145		3,248	
X-rays taken at Central T.B. Clinic (referrals from City Health Dept.,)	80	4,463	--	9,183
Mobile Unit (70 M.M.)				
Industrial X-rays	9,949		17,464	
Schools & colleges	734		913	
Nursing Homes	34	10,717	--	18,377
Total X-rays taken		15,180		18,377
Operational sites	39		22	
Firms served	288		386	
Average attendance	83.5%		82%	

WELFARE INSTITUTIONS FOR THE AGED

The City Health Department spends a considerable amount of its efforts in the regulation and supervision of welfare institutions. These institutions assume the responsibility of care and supervision of individuals unable to care for themselves. They are licensed by the City of Winnipeg under the Welfare Institutions By-law. The responsibility of the Health Department is to ensure that physical facilities meet licensing requirements and that adequate care is being administered. These institutions consist of day nurseries, nursery schools, child care institutions, boarding care homes, and nursing homes. The first three are concerned with care of children and are dealt with elsewhere in the annual report. The latter who care for long term illnesses not requiring active hospital care.

Nursing Homes are for patients with disabilities requiring the skilled nursing care of a registered nurse. Boarding Care Homes need only supply the services and supervision of a licensed practical nurse. The majority of long term illnesses occur in older persons and the need for these institutions is increasing each year with the increase in older population, and increased survival time in long term illnesses.

In the fifteen years between 1941 - 1956 the population of Winnipeg over 65 was increased from 14,142 to 27,727 an increase of 96%, compared with general population increase of less than 15%. Between 1911 and 1956 the population over 65 has increased 14.5 times as rapidly as the general population.

Year	Population of Winnipeg	Population over 65	% over 65
1911	136,035	2,057	1.5%
1941	221,960	14,142	6.4%
1956	255,093	27,727	10.9%
	Population of Suburbs	Population over 65	% over 65
1956	154,028	10,782	7.0%

Winnipeg licenses both proprietary and non-proprietary institutions. The latter are non-profit institutions operated by voluntary boards or religious bodies. They are larger institutions and are situated in buildings designed as institutions, and some have very elaborate facilities. Four of these are licensed, one as a boarding care home, three as nursing homes.

Four boarding care, and seventeen nursing homes of the proprietary type were licensed in 1960. These institutions are operated by individuals as a means of livelihood. They are all converted from older homes, some with extensive alterations and additions.

In December, 1960 there were 427 beds in the four non-proprietary homes licensed by this department, and 726 beds in the twenty-one proprietary homes. Seventy percent of the beds were public beds.

The Chief Health Inspector and one Housing Inspector carry out all inspections of welfare institutions with regard to environmental facilities.

Two full time Nursing Supervisors are assigned to welfare institutions. These supervisors process placement of patients, supervise nursing services in the institutions and offer consulting services to the operators, and to families planning a private placement.

All applications for boarding care or nursing home placement with financial assistance by the Public Welfare Department are first referred to these Nursing Supervisors. The patient is visited and all details are gathered, including a medical report from the referring physician. In discussion with a physician of the Health Department a decision is made as to suitability of placement. If placement is not indicated the family is advised on other community facilities. If the patient requires more active treatment than given in a nursing home, referral to a general hospital or to the Municipal Hospitals may be recommended.

As of February 1, 1960 the provincial welfare department assumed full financial responsibility for indigent nursing home care, and for nursing home supervision. The City Health Department was asked to continue its program within the city limits, and in addition to assume placement and medical nursing supervision of those patients in city nursing homes who were a direct responsibility of the provincial welfare department.

This increased the numerical load by 25%, but the increased work in documentation and procedure involved in liasion with provincial welfare authorities has meant a much bigger increase in work, and in many cases added delays and confusion.

808 (615) applications for placement were received in 1960 (up 31% from 1959 and 63% from 1958.) Of these 455 (341) were placed in nursing homes 446 (228) in boarding care homes. This is 63% (60%) of the total applications. Of those not placed 34 were admitted to the municipal hospitals. A majority of those not placed were direct referrals, that is by the family. Many of these family members after investigation of nursing home placement decided to continue their present arrangements. Some were found to be financially ineligible for welfare assistance and may have been placed privately. The figures in brackets indicate corresponding figures for 1959.

A register of occupancy of all Boarding Care and Nursing Homes beds is maintained in the department, and this is brought up to date daily by the clerk assigned to the Nursing Home Supervisors.

Each home is visited regularly by the Nursing Supervisors to assist the operator in maintaining good nursing standards. All accidents or unusual incidents must be reported to the Health Department under the regulations of the By-law. These reports often indicate needs for improved nursing service. All staff changes are reported to the Health Department and supervision is maintained to ensure adequate staffing.

The nutritionist of the department spends much of her time on these homes. She acts as a consultant on nutrition, giving advice on meal planning and preparation. Regular visits are made to the homes to see the meals are served and give advice.

All public patients in nursing homes receive medical supervision by physicians of the department. They are visited regularly every 7 - 10 days and at any time in between if indicated. Laboratory specimens are collected and are examined at the Provincial Laboratory if indicated. There are frequent referrals of patients to the facilities of the out-patient departments of the Winnipeg General and St. Boniface Hospitals. Patients are moved to the general hospitals and to the Municipal Hospitals when the move seems advisable.

MEDICAL CARE

The Health Department provides medical care to indigent persons under certain circumstances. The first group are those Winnipeg residents who are public patients in nursing homes. These people are cared for by physicians of the department and all medication is supplied by the pharmacy of the Municipal Hospitals.

Medically indigent persons at home who can get about are referred to the outdoor departments of the Winnipeg General Hospital and St. Boniface Hospital for all medical care. This is comparable to visiting the doctor's office. It is the most desirable place to carry out a medical consultation, as both facilities and records assist the physician to render his best service. However, in some emergencies, just as in private practice, a house visit is required. Sometimes this is recommended after a visit by a public health nurse, or by a nurse of the V.O.N. At other times the call comes directly to the Health Department as an emergency. In these circumstances home visits are made by physicians of the department. 1,818 home calls were made during 1960, a decrease of 5% over the previous year. This is a very small decrease in view of the fact that old age pensioners, and persons in provincial social assistance programs are now covered by "Medicare" and no longer utilize the City Health Department Medical Care Service. It possibly is a reflection of the increased unemployment in the past year.

PUBLIC HEALTH NURSING BRANCH

PERSONNEL CHANGES

During 1960 there were twelve resignations from the nursing staff representing a turnover of 20.8%. Of these, eight left because of home duties, two to accept other positions, two to travel to Europe. Seven nurses were granted leave of absence to take a course in public health nursing at the University of Manitoba.

Sixteen nurses were appointed to the Nursing Division in 1960. Three nurses returned to the Nursing Division after a year's post graduate course in public health nursing.

Although the public continue to demand an extension of the nursing services, the total number of public health nursing positions set by Council remains at 55. Of these 55 nurses, 70% have degrees or certificates in public health nursing. By 1961, it is expected that more than 80% of the nursing staff will have the required public health nursing course.

NURSING PROGRAM

The Public Health Nurses in the Winnipeg Health Department offer a family health service. Because of the nature of their work, they have a close personal association with a greater number of the public than any other group of health workers. As a therapist, interpreter, counsellor and health educator their services embrace every facet of family life from the newborn to the senior citizen. With such a broad program it would be impossible to relate in detail all the activities carried out by 55 public health nurses. This report, therefore, covers only some of the areas of interest of the nursing service and some opinions where greater effort is needed to improve the quality of service.

CHILD HEALTH SERVICES

1) Infant and Pre-school

The Nursing Division provides a comprehensive program of continuing

health supervision to children of all ages and their families regardless of economic or social status. While retaining a basic interest in nutrition, communicable disease, and recognition of specific health problems, more time is being spent on interpreting to parents what children in general are like, how they grow and develop, what stages their children have reached and what to expect of them in the future.

In 1960, this interpretation and teaching was carried out by public health nurses during 28,119 home visits to infants and pre-school children (4,802 more than the previous year) also to the parents of the 1,791 infants and pre-school children registered at 10 Child Health Centres.

The peak of parental interest in health supervision seems to be in the infancy period. This is indicated by the fact that out of 1,791 children registered at 10 Child Health Centres in 1960, 1,293 were infants and only 498 were pre-school children.

There may be a number of reasons for this lack of interest. Perhaps parents do not have the same concern about problems of this age group and feel more competent to handle them. Perhaps health workers feel less competent, less able to convince parents of the need for regular health supervision. Perhaps more in-service education is needed to develop competence in handling problems of this age group.

Since medical facts indicate that the pre-school period is a most crucial period in a child's life, and since many defects found in elementary school children might have been detected earlier, more thought needs to be given to ways of stimulating parental interest in regular pre-school health supervision in the future. Perhaps the solution will be in focussing attention on specific health services. The 367 home visits in 1960 to cases of poisoning in pre-school children has been one way of providing opportunity to discuss many aspects of pre-school care. Perhaps such health services as pre-school vision and hearing testing might provide other means of bringing pre-school children under regular medical supervision.

2) School Health

Regular medical supervision of school age children has been successfully carried out by the Health Department for a number of years and many medical defects are discovered and corrected by this service.

The emphasis in the school nursing program is not only on health promotion, continual health appraisal and counselling on specific health problems, but also a definite attempt is made to demonstrate to children health principles, and to make the health services a meaningful educational experience for each pupil and their parents. For example, in 1960 26,387 pupils were referred to the nurse for various health reasons. In addition to examining the child, the nurse uses this opportunity to teach some specific health principle. The same opportunity for counselling and teaching parents was provided during the 12,676 home visits on behalf of school children and to the 2,463 parents who attended the school medical examinations.

The Health Department's policy of eliminating routine school medical examinations and concentrating medical attention on children with health problems that might effect their educational progress was continued in 1960.

Statistics for the school year September 1959 to June 1960, indicate that 32% of children in Kindergarten and Grade I had pre-entrance appraisals by private doctors. 46.7% of Grade VII pupils and 53.5% of Grade X pupils had private medical examinations.

Out of a total Winnipeg school population of approximately 50,000 pupils, 6689 or 13.4% were examined by the school doctors. Referrals for these examinations were provided by teacher-nurse conference, by new entrants to Winnipeg schools and from the nurse's careful analysis and investigation of the 4,308 questionnaires filled out by parents of Grade VII pupils and the 2,895 questionnaires filled out by Grade X pupils.

Of the 6,645 hearing tests given to school children by a public health nurse during 1960, 1099 were kindergarten children. 65, or 6%, of these kindergarten children had defects requiring further medical attention. Since medical

examinations revealed that only 8 of these 65 children had no hearing defect, the testing of the hearing of the kindergarten age group which was introduced as an experiment this year, has proven worthwhile.

It was encouraging to find that an immunization survey of Winnipeg school children in 1960 indicated that only 330 pupils entering the school system for the first time had received no primary immunization. Only 1494 other pupils required a booster inoculation of Diphtheria or Poliomyelitis vaccine. 824 required either primary or secondary smallpox vaccinations. Arrangements were made for these children to complete these immunizations at school or in one of the Health Department's Child Health Centres.

Further details on school medical services involving public health nursing assistance will be found in the report of the Consultant on Child Care Services.

ADULT HEALTH SERVICES

MATERNAL HYGIENE

Nine weekly classes for expectant mothers were conducted by public health nurses in the Winnipeg Health Department in 1960. The 460 mothers registered each attended an average of eight lectures. 76% of the nursing staff have been prepared as instructors for these classes. This preparation is given annually in a two-week institute at the University of Manitoba. The interest and satisfaction from this area of service is very great. Day classes could be enlarged and evening classes held if additional staff was permitted.

TUBERCULOSIS CONTROL

During 1960 there were approximately 1000 Winnipeg residents under supervision because of tuberculosis. Since only 100 of these residents were isolated in sanatoria, public health nurses were responsible for seeing that the remainder of these patients and their families accepted an intelligent responsibility for the control and treatment of this disease. In this regard, 1,808 home visits and 209 visits to patients in sanatoria were made by public health nurses.

Public health nurses carefully assessed the home conditions of all infectious cases who were not admitted to sanatorium care. This information was used by the Deuputy Medical Health Officer and a Medical Consultant on Tuberculosis in deciding whether home treatment for these cases could be satisfactorily carried out. More detailed information on this program will be found under Infectious Diseases.

NURSING AND BOARDING CARE HOMES

The licensing of Nursing and Boarding Care Homes and the placement and supervision of patients in these homes occupies the full time of two public health nursing supervisors, and a considerable portion of the time of the Director of Public Health Nursing and the Health Department's Nutritionist. Since February 1960, when the Winnipeg Health Department was asked to assume responsibility for the placement and supervision of patients whose legal residence is outside of Winnipeg, there has been a marked increase in the Nursing Division work. In addition to applications for placement and the supervision of the care of patients, the amount and complexity of communication between Provincial and City Departments has been an added burden for our two Nursing Home Supervisors.

In 1960, 25 Homes with a bed capacity of 1,123 were licensed. There were 808 applications received for placement. Of these, 505 or 63% were placed in Nursing or Boarding Care Homes. 164 applications or 24% were processed but not placed. In many cases the family reconsidered and decided to make arrangements other than nursing home placement. In some cases the patient refused admission.

The Nutritionist assessed in detail, the weekly menus of ten Nursing Homes. In the other 15 Homes, menus were checked briefly on the premises during some 83 visits. Monthly bulletings containing information on food requirements, methods of preparing food and various recipes, were sent to the Matrons of the 25 Nursing and Boarding Care Homes.

More detailed information on Nursing and Boarding Homes will be found under Welfare Institutions.

DAY NURSERIES AND NURSERY SCHOOLS

The Health Department licensed six day nurseries caring for 149 children, and 12 nursery schools caring for 314 children in 1960. The shortage of qualified nursery school teachers and the lack of opportunity for training in this field continues to be the most serious obstacles in maintaining desireable standards of operation.

A 1960 survey report indicated that 15 people employed in these pre-school units had no training. Ten other employees were considered to be only partially trained for the work. To rectify this condition the Health Department in 1960 started negotiations with the Adult Education and Extension Department of the University of Manitoba to set up a non-credit course in Nursery School Methods. It is hoped that satisfactory arrangements can be made for such a course to be given in 1961.

EDUCATIONAL PROGRAM

To keep pace with current trends and developments in medical practices, the public health nurses' knowledge must be continually reinforced with new learning and experience. During 1960 members of the Faculty of Medicine assisted in this process through an in-service education program. The Professor of Orthopaedics spoke on "Posture in School Children". The Professor of Paediatrics dealt with various aspects of "Child Growth and Development", the Assistant Professor of Paediatrics, with "Neurological Conditions in Children". The Dean of the Dental Faculty explained the Dental College's policy in the treatment of medically indigent cases.

Public Health Nursing Supervisors attended an Institute on "Effective Leadership in Public Health Nursing" conducted by the Assistant Professor of Nursing, School of Nursing, Boulder, Colorado.

CONCLUSION

Professional competence in public health nursing is required to carry out a many faceted job with skill and imagination. To maintain competence requires not only academic qualifications and personal qualities, but also a reasonable case load. During the past few years public health nurses have assumed many new services. Requests for additional services are being received constantly. If quality of service is to be maintained additional staff must be obtained or thought must be given to establishing a priority rating of services with a view to curtailing some of them.

SCHOOL MEDICAL SERVICES

During the past year continued improvement in the effectiveness of the Child Medical Care Services in the Child Health Centres and in the School Health Service was evident. Although there was a decrease in the number of children who attended the Child Health Centres, the actual quality of maternal counselling and the time taken with individual pre-school children showed the results of assigning physicians who were sincerely interested in this particularly important branch of medical work through the Child Health Centres. The reasons for the decline in attendance in some of the Child Health Centres is presently under study by the Nursing Division, and will be the subject of a report in 1961.

The 12 school health physicians continue to give effective service to Winnipeg school children. All the school physicians are either child specialists or practitioners who have given several years of continuous service in this field and have shown by their regularity of attendance and the quality of their work that this is a field of special interest for them. Over 13% of the children in the schools were examined by the school physicians, with 37% of the parents being present at the examination. It is our feeling that the effectiveness of the medical interview conducted by the school physician is greatly increased if the parent is present, and we are exerting every possible effort as are the school health nurses to insure that on every possible occasion the parents are present at such an examination. During the

year 4,308 medical questionnaires were made out by parents of Grade VII school children, and 2,895 by school children in Grade X. The processing of these questionnaires is done by the public health nurse attached to the schools, and furnish a great deal of important medical information to the school physician. Screening procedures for vision and hearing have continued at an efficient level, with a minimum number of unnecessary referrals for physician examination. An increasing number of hearing tests are now done at the Kindergarten level and a surprising number of hearing defects are picked up at this early period. This is extremely important to a school child, since it permits remedial measures to be taken wherever possible, even before school life is started. In time it is hoped that all school entrants will have audiometry done prior to beginning their school careers.

The rapport between the school physicians, public health nurses, and the school administration continues to be at a high level.

Handicapped School Children's Registry:

This Registry which is receiving continuing support by Dominion-Provincial Health Grants, and which provides for secretarial service and record keeping, has continued to be a very useful way of continued observation of school children who have various handicapping conditions which may interfere with their school progress. By means of this Registry and with annual or more frequent review of individual cases it is possible to ensure that every school child with any school handicapping condition receives adequate medical supervision and that the medical advice is being carried out in the home. Where treatment is proved effective and the handicapping condition no longer exists, the

case is of course terminated and withdrawn from the Registry.

During this last year many such instances occurred among children with hearing defects and with heart murmurs. Frequent correspondence with private physicians concerned has led to a very satisfactory rapport which ensures the reporting to the private physician of problems which the children may present in school, and on the other hand, up to date recommendations from the private physician in regard to activity, home medical care, etc.

In-Service Conferences:

During the year four in-service conferences were held for school physicians and also attended by representatives of the Public Health Nursing Branch at which subjects such as speech defects, care of the premature, and accident prevention were considered. Special lectures were also given to the public health nurses by members of the Department of Pediatrics, University of Manitoba.

Rheumatic Fever Prophylaxis:

The program for prevention of rheumatic fever by the use of Penicillin Prophylaxis initiated in the city five years ago is now carried on with the support of the Provincial Health Department. Care is taken to insure that patients on this program pick up their tablets at regular intervals, and take them regularly. It is felt that this is a very important health program in the City of Winnipeg, and undoubtedly has saved many school children needless illness and hospitalization.

Smoking-Campaign Against Cigarette Smoking in Public Schools:

During 1960 a city wide survey was conducted on the smoking habits of Winnipeg school children. The results are summarized elsewhere in

this report, and a full report has been accepted for publication as a special article in the Canadian Medical Association Journal.

Following the survey a committee consisting of representatives of the School Board and the City Health Department was set up to advise the school system on an experimental educational campaign designed to reduce the incidence of cigarette smoking among school children. This program is limited to Churchill and Elmwood High Schools, and to elementary and junior high schools in those districts. The actual program began in late 1960 and will continue for two or three years when the 1960 survey will be repeated to assay the effectiveness of the program.

First Canadian Conference on Children:

The Consultant on Child Care Services attended the First Canadian Conference on Children held at Ste.Adele, Quebec in October. A great deal of valuable discussion took place and the benefits of this Conference should make themselves felt in various recommendations designed to improve child health care across Canada. Addresses were given to several organizations in the City by invitation on matters related to the Canadian Conference on Children. It seems clear to us that it is in the care and supervision of the pre-school child that major deficiencies exist. It is important that there should be more and better medical supervision of the pre-school child. The changing pattern of medical care services, the increasing availability of private physician care as a result of new medical care schemes with government participation has altered the situation a great deal, and it will be necessary now to review the total situation and make recommendations which will insure

that these pre-school children who are not adequately covered by present medical plans should be looked after in the most effective way possible to insure that physical and emotional problems are not allowed to drift on without being recognized and treated, and remedial defects are picked up as early as possible and treated.

The co-operation of the school board, the school authorities, including administrators, principals and teachers, the hard working public health nurses, and the members of the medical profession is acknowledged.

Without this co-operation improvements in child health in the City of Winnipeg would not be possible.

ACCIDENTS IN SCHOOLS REVIEWED

Accidents reported by Principal and nurse 1,174

REPORT ON HEALTH INSPECTION OF SCHOOL CHILDREN BY PUBLIC HEALTH NURSES

Pupils examined in Health Service Rooms by nurses 26,387

Exclusion from School 4,893
Miscellaneous 3,367
Pediculosis 314
Skin Conditions 536
Suspect communicable disease .676

Treatments given 24,258

Classroom Inspections by school nurse 2,370
General 2,203
Acute Communicable 167

Conference re pupil (with pupil, parent, teacher, etc.) 112,030

Health Education 1,222

Home visits to school children made by nurses (exclusive of communicable disease visits) 12,676

PHYSICAL EXAMINATIONS OF SCHOOL CHILDREN

Children examined by medical examiners 6,689

Children with one or more defects 3,129

Parents invited to physical examinations 5,113

Parents present at physical examinations 2,463

CHILDREN'S HOSPITAL - EYE CLINIC REPORT

Clinics held			190
Children examined:	New	526	
	Re-examined	844	1370
Refractions completed			950
Not needing glasses		194	
Glasses prescribed		573	
No change in prescription		164	
Glasses discontinued		19	
Refractions not completed			-
Refractions not needed			23
Returned for observation			297
Children found with 1/3 or less or normal vision with glasses			1
Out-patient consultations (Winnipeg Residents)			522
Referred to Orthoptic Clinic			35

AUDIOMETRY REPORT

Children tested		8250
First tests	6,734	
Re-tests	1,516	
Defects		343
Teachers and others tested		43

Personal Services to Patients by Public Health Nurses
(Including home visits and instruction by telephone from District Office)

		1959	1960
Health:	Newborn	5,421	6,049
	Under 1 year	6,324	7,814
	Pre-school children	11,572	14,256
	School children	9,483	12,676
	Adults	10,969	14,605
Prenatal		889	1,189
Postnatal		5,147	5,688
Prenatal Classes			
	New Admissions (1959: 412; 1961: 440)		
	Total Attendance	3,364	3,668
Morbidity:	Tuberculosis	1,667	1,808
	Acute Communicable	269	328
Unclassified:	Not found	5,172	5,624
	Not taken under care	86	208
	Special activity	708	1,636
Visits made for poison control prevention		212	367
	TOTAL	61,283	75,916

CHILDREN EXAMINED FOR FRESH AIR CAMPS

	1959	1960
Camp Morton	146	82
Salvation Army	264	252
C.G.I.T.	163	153
Y.M.C.A.	180	165
Y.W.C.A.	191	180
Y.M.H.A.	543	350
United Church	459	283
Logan Neighbourhood House	102	89
Lakeside Camp	164	185

CHILD HEALTH CENTRES

Child Health Centres		10
Child Health Centre sessions held		469
New babies admitted		1,557
Infants	1,089	
Pre-school	468	
Attendance at sessions		21,254
Infants	8,425	
Pre-school	7,094	
School children and adults	5,735	
Doctors' consultations and examinations		2,273
Infants	1,556	
Pre-school	717	
Home visits re child hygiene (birth registrations, etc.)		28,119
Immunizations by doctors at Child Health Centres		15,935

IMMUNIZATION
ATTENDANCE AT CHILD HEALTH CENTRES

	Number	No. of Sessions
Harrow	2,066	12
St. Matthews	2,034	12
St. Judes	1,844	12
Sparling	842	13
St. Andrews	1,948	12
Holy Trinity	1,152	13
Chalmers	1,296	13
Mount Carmel	1,337	12
Robertson House	1,997	12
McGregor	1,419	12
TOTAL	15,935	123

VICTORIAN ORDER OF NURSES SERVICES SUMMARY FOR THE YEAR 1960

Total number of new cases	2,217	
Nursing Care Visits:		
Prenatal	2	
Postnatal	13	
Newborn	462	
Infant	133	
Pre-school	143	
School	151	
Adult	38,143	
Total Nursing Care Visits		39,047
Health Instruction Visits:		
Prenatal	15	
Postnatal	433	
Newborn	459	
Infant	601	
Pre-school	58	
School	20	
Adult	1,530	
Total Health Instruction Visits		3,116
Not Seen		681
On behalf of patient		21
TOTAL		42,865

CANCER PREVENTION

Cancer is one of the major causes of death, and cancer of the lung is the most common form of cancer in man. Seventy-seven residents of Winnipeg died of lung cancer in 1960 compared to 36 from traffic accidents, and 18 from tuberculosis.

During the past ten years there has been increasing evidence of a relationship between smoking, particularly cigarettes, and the incidence of lung cancer. It is now generally accepted that cigarette smoking is an important contributing factor to the production of lung cancer. This evidence also shows that reduction in smoking habits or abstention from smoking reduces the incidence of lung cancer. Therefore most agencies concerned with cancer prevention have taken a public stand urging the launching of educational programs to reduce smoking.

Such programs have met with only minimal success in the adult population, and slight promise in the high school group. This department felt that it had an obligation to participate in such a program.

It was essential to first survey the present smoking habits. This was necessary to give us a picture of present smoking habits, in order to design the most effective approach, and also to have a base line with which to assess results of any program that was carried out. It was decided to survey entire school population from grades 5 to 12 inclusive. The larger number would give more reliable figures, and starting at grade five would probably give a true picture of the commencement of smoking. The survey was carried out early in May, 1960.

Drs. H. Medovy and J. B. Morison prepared the questionnaire based on one used in a study in schools of London, England and Edinburgh. These doctors then met all principals in groups and discussed the questionnaire, as well as the entire question of smoking and lung cancer. This information was then passed on to the teachers by their principals. The teachers conducted the questionnaire in the classroom.

All questionnaires were anonymous and voluntary. 21,884 were obtained from a school population of 25,103.

Details of results are available in the Canadian Medical Association Journal of 6 May, 1961. The following is a brief summary of the findings.

TABLE I SMOKING HABITS OF 21,884 WINNIPEG SCHOOL CHILDREN
Shown in percent of total in that school group

	BOYS			GIRLS		
	Gr. 5-6	Gr. 7-9	Gr. 10-12	Gr. 5-6	Gr. 7-9	Gr. 10-12
NON-SMOKERS						
Never Smoked	59.5	37.6	25.2	81.3	56.9	41.4
Have Tried	34.7	37.0	30.1	16.7	27.6	30.4
SMOKERS						
1 - 19 cigarettes a week	5.1	13.8	12.5	1.8	10.1	14.2
20 or more	0.7	11.6	32.2	0.2	5.4	14.0

The above table shows the smoking habits by elementary, junior high, and high school groups, both for boys and girls. Those listed as "Have tried" includes any who have ever smoked a cigarette and also former smokers.

TABLE II PERCENT OF STUDENTS WHO NOW SMOKE

AGE	10	11	12	13	14	15	16	17	18	19
Boys	1	4	6	14	24	37	47	50	55	56
Girls	0.3	1	3	8	18	25	33	33	30	23

The figures for ages 9, and 20 or over were too small to be of significance.

Table II shows that the greatest rate of increase in smoking occurred in both sexes the 13-16 age group, or the Junior High Level. However smoking does occur in elementary grades, and 40.5% have at least experimented with smoking by grade 5 & 6.

The survey showed that even where neither parent smoked 20.8% of boys had smoked in the four weeks preceding the study. This proportion was increased by about 38% when either or both parents smoked. Where neither parent smoked 11.1% of girls smoked and this was increased by 33% when the father alone smoked, and by 76% when the mother or both parents smoked.

The survey indicated that 73% of fathers smoke and that 50% of mothers smoke. In 81.6% of the homes at least one parent smokes.

A comparison of smoking habits with academic standing showed that the higher the academic standing the less likely the student was to smoke, and conversely the lower, the more likely the student was to smoke. This relationship was more marked in girls.

The school census shows that girls drop out of school much more rapidly after 16 than do boys, and this is more marked among those of lower academic standing, where smoking is highest. This probably accounts for the apparent drop in smoking among girls as indicated in Table II.

An advisory Committee was established consisting of Drs. Medovy and Morison from the Health Department, G.T. MacDonell, Superintendent of Secondary Schools, and other representatives of the school system. This group decided that there should be some approach to elementary students, that the strongest effort should be put out in early junior high. In the first year of the program all grades from seven up will receive active education, and all teachers from kindergarten up will receive information so that the elementary teachers will be in a position to discuss smoking in light of current thinking as the subject may come up casually in dealing with students.

The program is to be limited to Churchill High School, and Elmwood High School and all elementary and junior high schools which normally feed pupils into the above schools. After a trial period it is hoped to repeat the survey, with the remainder of the school system serving as a control group.

In December, 1960 a panel consisting of Dr. J.B. Morison, Deputy Medical Health Officer; Dr. Harry Medovy, Consultant on Child Health Service to the City Health Department and Professor of Pediatrics, Dr. J. Asselstine, Director of the Child Guidance Clinic of Greater Winnipeg, and Dr. Lyonel Isreals, of the Manitoba Cancer Foundation, met with teachers in each of the above districts.

A film strip "To Smoke or Not to Smoke" was provided by the Manitoba Division of the Canadian Cancer Society, and this was used to present the basic facts. After this the above panel commented and answered questions from the floor. A copy of a booklet "Cigarette Smoking and Lung Cancer" by the New York State Health Department was obtained for each teacher in the test area.

The program will be carried to the students in 1961 with each school developing details of its own program. Additional copies of the film strip "To Smoke or Not to Smoke" will be available, and members of the Health Department staff will cooperate and participate in this program.

CHILD DENTAL SERVICES BRANCH

The Child Dental Services Branch plays an active part in the School Health Service by contributing towards the Dental Health of each school child in the Winnipeg School System.

Dental Health Education, emergent and comprehensive dental treatment as well as studies on local problems of dental health are included in the overall plan of providing a dental service. The present program is designed to utilize facilities and funds available to a maximum with provision made for further expansion as interest, demand and physical assets develop.

Dental Health Education.

Children should have available preventive, educational and corrective dental services until they reach an age when they can make their own decision on the merits of good dental health. All children will need some form of dental treatment during their school life. Neglect and lack of guidance in dental health during the critical years of childhood and adolescence has proven very costly in terms of our city's and nation's health. It is with the young child that the most can be accomplished in Education, and corrective dental treatment programs with accumulated dental defects remedied followed by regular periodic recalls for maintenance care.

The comprehensive treatment program of the Dental Branch is designed to educate the parents of young families and the children to accept established basic principles in acquiring optimum dental health. The priority group of Social Welfare children have the opportunity of complete dental coverage (Orthodontics excluded) providing they or the families take the initiative in wanting corrective dental treatment service. A degree of responsibility has to be placed on these families in order to be assured of co-operation and to establish an appreciation of the value of the free service provided. Children from indigent and underprivileged families throughout the school system in Grade I and younger age groups can qualify for comprehensive treatment, with an extension of maintenance dental care through a periodic recall system. Patients and parents are handled in a similar manner to those conducted in a private office in order to prepare the children for the time when the family may be in a financial position to seek the services of a private dentist.

Class room dental inspections which included 11,757 children in Kindergarten, Grade I and Grade II, provided an effective means of promoting dental health education. Notification of the parent when a child is found to have dental defects is an effective way of motivating some parents to seek dental treatment for their child. While in the classroom the examining dentist gave each teacher plaster models of the upper and lower dentition, a toothbrush and a demonstration of the proper method of using the toothbrush. (318 kits were issued during the 1959-60 school term).

In addition to this basic dental instruction equipment for dental health lessons, Kindergarten and Grade I teachers were provided with plaster models (2½ times actual size) of the first permanent tooth to erupt in a child's mouth, the six year molar. The dentist during the classroom inspection illustrated these teeth to the teacher and child as part of growing up. Emphasis is placed on this important event in a child's life with the hope that the teacher and child will become interested in its development and in turn the parent, whose attention will be directed to an exploration of their child's mouth. In promoting early dental interest and supervision by a family dentist a great deal can be accomplished in preventing destruction of the teeth through the ravages of tooth decay.

An additional sample of over 1,400 children of all ages were also included in a survey of a segment of the school population. Coinciding with this project, over one thousand oral smears were collected for a research project conducted by the Medical Research staff of the University of Manitoba.

A brochure on the Child Dental Services Brandh for "The Primary Grades" was prepared and has been issued to the School teachers, principals, and nurses. The brochure contains information on the program of the Dental Branch as well as procedure to follow in applying for Dental Treatment. A section is devoted to suggested ideas for classroom dental projects.

A dental consultant service is offered for teachers and nurses in the promotion of dental health education. Contributions were made to the public health lecture programs of the affiliate undergraduate nurses of Children Hospital, Faculty of Medicine and Faculty of Dentistry. An article on the Dental Branch was prepared and published in the Dental Health Newsletter produced by the Department of National Health and Welfare, Ottawa.

Periodic in-service training days were held for all the staff of the Dental Branch to provide special lectures and instructions in Dentistry and allied services in the public health field. Three dental assistants on staff successfully qualified as Certified Dental Assistants, having completed a special course sponsored by the Manitoba Dental Association in conjunction with the University of Manitoba.

School Dental Inspection.

School dental inspection included children in Kindergarten, Grade I and Grade II with a total of 11,757 children inspected during the school term 1959-1960. Notification of dental requirements were sent home with the children and a questionnaire to the parents of Grade I and Kindergarten children requesting information as to whether the child was under dental supervision or if the family required assistance under the City's Indigent dental clinics service. The 1959-60 survey showed a figure of 21% of the Grade I population eligible for treatment through the Dental Service.

Annual Surveys over the past three years have maintained an average range of about 20% (4,805 Grade I children attended classes in the Winnipeg School District No. I as at December 31st, 1960)

TABLE I

1959-60 Term
School Dental Inspection
(number of children)

Grade	Number of Children	Noticeable Caries		Attending Dentist		Request Treatment		Nurses Approval	
	Examined	Number	Percent	Number	Percent	Number	Patient	Number	Patient
Kindgtn.	3322	766	23	2428	73	435	13	344	10
Grade I	4381	687	16	3425	78	1076	25	940	21
Grade II	4054	490	12	2861	71	--	--	--	-
Total	11757	1943	16.5	8714	74	1511	12.9	1284	10.9

Definition of Criteria:

No noticeable caries - caries treatment completed or never needed.

Attending Dentist - No caries defect on Inspection, or reply to questionnaire by the parent indicating the child has a family dentist, not necessarily having all dental work completed.

Request Treatment - Response to questionnaire by parent.

Nurses' Approval - School nurse screens children and approves if family is indigent.

Staff.

The staff of the Branch includes one Director, two dentists, (full time), eleven dentists (part time), five Dental Assistants, (three Certified Dental Assistants and 2 Practical Nurses) three clerks, and dental aides as required. The total establisment allows for the equivalent of four and one-half dentists working full time.

Clinics:

2 Chairs	-	School Board Office Building
2 Chairs	-	William Whyte School
2 Mobile Units	-	Servicing David Livingstone, Norquay, King Edward, Strathcona, and the Retarded Children School

108 Dental Inspection Clinics.

Two permanent fully equipped dental clinics are maintained to provide dental treatment throughout the year. Major equipment purchases included two new airdrive dental units for the School Board Office Clinic. Modernization continued with the purchase of a larger suction unit for the William Whyte Clinic.

The School Board Office Building Clinic provides an emergency and priority treatment service where Public Health nurses and School principals can refer cases for immediate attention (no economic barrier). The mobile units are moved into suitable space in schools where a known concentration of indigent children attend.

Plans for moving the permanent dental clinic from the basement of the School Board Office Building to Victoria Albert School had to be suspended for 1960. The School population explosion in this area has necessitated utilizing all available classroom space in this school. Plans for a new location for the dental clinic have been carried forward to 1961.

Dental Treatment

Residence, economic status, age and grade are considered in determining eligibility for admission to obtain treatment under the Health department's dental treatment plan. Applicants must be residents of the City of Winnipeg or recipients of Social Welfare from the City. Dental emergencies (relief of pain and infection) are given priority and include all children up to and including the age of sixteen years. The demands on the service far exceeds the present resources necessitating a definite dental treatment service policy in order to obtain the maximum of improved dental health returns. The program is designed to expand on a Grade and age incremental basis as funds, locations, personnel and dental public health measures become available.

A recall system is part of the program for maintaining the benefits of optimum dental health once a child has been dentally completed to their last appointment. Unfortunately many of the indigent families are transient making it difficult to contact them at the time of a regular periodic

check up, resulting in the loss of a follow up on many of these families. Recalling a child on a 6 to 9 month basis once he has been made dentally fit, generally results in a very minimum of dental treatment required to return the child to optimum dental health. Conservation of production time of the dentist, the child and the parent results in an increase in the number of children that can be placed under dental supervision. This is an attempt to advance the treatment program into the next Grade Group (II) with the facilities available and at the same time maintain optimum dental health of children dentally fit to their last appointment.

As of December 31, 1960, six hundred and fifty nine (659) Social Welfare child patients were on current file receiving dental coverage (345 in 1959).

Table II.

SUMMARY of Dental Treatment Groups
(number of children)

	Pre School	Kinder-garten	Gr. I	Gr.II	Gr. III	Older Ages	Total
1. Patients Notified	180	509	985	332	240	879	3125
2. Completions	149	320	576	279	152	356	1832
3. Recalls (6-8 month)	57	89	209	169	74	138	736
4. Recalls Completed 1st Visit	31	38	78	66	37	40	290
Percentage of Recalls completed in 1st Visit	54	43	37	39	50	29	39

Section I of Table II represents the number of patients notified of scheduled appointments to attend the dental clinics. During the course of the year and following school dental inspection children approved by the School Nurse are assigned to dental clinics for further dental examinations and treatment. In order to conserve production time of the staff, patients are given a dental examination and diagnosis during the initial appointment. The senior dentist of a clinic reserves periods to examine a number of these patients depending upon the demand for new patients. Group examinations are scheduled because of the fairly high failure rate of some families due in part to misunderstanding, lack of appreciation of the dental service offered, and indifferent attitudes generally found toward a free or chartible service. (170 Grade I new patients failed in 1960, out of 985, 17%; 68 Kindergarten new patients failed in 1960, 13%).

Section 3 of Table II represents the number of recall patients scheduled for rechecks of dental health following a period of 6 - 8 months after the date of being treated to optimum dental health. Families contacted by the Division on recall basis are generally very co-operative and interested, appreciating the dental health program and service. The transient nature of indigent families results in a fairly large number of these children losing out on the benefits of regular periodic dental supervision.

During the year over three thousand children were notified of scheduled appointments, and were treated in the course of over nine thousand clinic attendances. Of this number 1,832 patients received complete dental caries care. Seventy two (72%) percent of the children completed to the date of their last appointment to the extent of treatment facilities offered by the clinics are in the group up to Grade II. Older age Welfare children for the most part make up the balance receiving complete comprehensive treatment.

TABLE III

Analysis of Clinical Services provided during 1960.

X-rays (single films)	1,378
Extractions - Deciduous teeth	2,130
Permanent teeth	677
Anaesthetics (Local)	7,015
Fillings Amalgam - single surface	4,726
Multiple surface	4,679
Plastic or synthetic	329
Cement linings	9,116
Cement fillings (temporary)	827
Crowns - Celluloid	25
Stainless steel	247
Space maintainers	21
Prosthetic Appliances	3
Other treatments	962
Prophylaxis	756
Endodontic cases	314
Refused appointments (non co-operative)	65
Cancelled	302
* Failed appointments	697
Referred to private practitioners	46
Recalls (6 - 8 months)	736
No. of dentist 3 hour sessions (includes time spent in school dental inspections)	2,267

* Includes new patients failure to attend the clinic for dental examinations and diagnosis appointments. (e.g. 17% new Grade I, 13% Kindergarten)

TABLE IV.

Distribution of Dental Indigents based on 1958-59, 1959-60 studies of Grade I Children.

Nursing District	Number of Dental Inspections		% of Nurses' Approval		Number of Schools	
	1958-59,	1959-60	1958-59,	1959-60	1958-59,	1959-60
West	1053	932	17%	16%	15	13
South	1180	1172	8%	8%	20	20
East	878	960	34%	31%	16	17
North	1234	1321	32%	31%	15	18
Total	4345	4385	22%	21%	66	68

Table IV confirms the findings and studies made on the geographic location of dental indigent families in the City of Winnipeg. The Dental operative clinics are well located to service the needed area, further expansion of the dental treatment program should be confined to the North and East Nursing Districts for the time being.

Dental Treatment for Handicapped Children.

The provision of dental treatment for mentally and physically handicapped children in the City (and Province) is most unsatisfactory. The Dental Branch is concerned with improving this situation and especially to provide dental treatment coverage to include handicapped indigent children. A pilot study was established this year for a segment of a group of mentally retarded children. An attempt was made to acquire information on the extent to which dental treatment could be carried out using basic dental equipment, supplies and location.

The nurse's room in a School for retarded children was selected for the location of the dental clinic. The families of indigent children were advised and permission was obtained to provide dental treatment. Mobile dental equipment, supplies and materials, a staff of one dentist and a dental assistant were used from the Health Department. Twenty-nine (29) children were given dental examinations, twenty-five (25) received dental treatment to the extent of facilities provided by the mobile unit (extractions, fillings, prophylaxis), twenty-four (24) were dentally completed to the date of their last appointment. The clinic was in session for a total of 17 days. Only one of this group required hospitalization to complete the case because of a history of asthma and difficulty in establishing rapport. One of the two not dentally treated was away from school at the time of the clinic, and the other family declined dental treatment.

TABLE V

Clinical Dental Service for indigent children attending Winnipeg Retarded Children School 1960.

Examinations	29
Extractions - deciduous	23
permanent	15
Local anaesthetic	68
Amalgam fillings - single surfaces	83
multiple surfaces	10
Silicate fillings	12
Cement fillings	96
Prophylaxis	14
Total patients treated	27
Total patient sittings	81
Total patients completed to date of last appointment	24
Total clinic days	17

The limitation placed on children accepted for dental treatment in this study (indigent families) would likely influence similar results and successes if the plan was extended to include handicapped children from other families. A more detailed account of the study is on record at the Health Department, copies have been distributed to interested groups.

In taking the initiative to acquire some base line material on the part of the Dental Branch steps may be developed by outside organizations to provide better health for this unfortunate group. Neglect, misunderstanding, and lack of adequate facilities too often results in these children remaining as silent sufferers.

Five months after providing dental treatment a recheck dental inspection was carried out on these retarded indigent children. The results were rewarding and suggest that a yearly clinic would control caries rate, with the permanent clinics handling emergency cases on the same basis as normal children.

TABLE VI.

Five months follow up Dental Inspection of Indigent retarded children receiving treatment. 1960

Children with no visible caries	16
Children absent from school	4
Children no longer attending school	2
Children requiring dental attention	5
4 children - one filling each 1 child - three fillings	
Total number of children	27

The Society for Crippled Children and Adults assisted the Division in distributing and collecting a questionnaire issued to parents of Cerebral Palsy Children. The questionnaire was used to gain information from the parent on the dental treatment coverage provided for their children. One hundred and twenty five questionnaires were sent out, 72 were returned - twenty-six dentists were recorded as receiving 41 of these children for treatment, however not necessarily providing comprehensive dental attention. Forty-three percent of this sample of handicapped children lacked professional dental supervision of any kind.

SUMMARY.

There are three main categories of interest in the City of Winnipegs' Health Department Dental program - that of Dental Health Education, studies of the problems of Dental Public Health and providing Dental Treatment for Indigent Children.

Dental Health Education and its application are important in maintaining the health of children. The developing of good dental health habits in children can best be accomplished by encouraging the teacher and parent to take an active part in instructing the child. The Dental Division applies a number of ways to encourage dental education using approaches in all aspects of its services. Parents have a prime responsibility for the dental health of their children until an age is reached when the child can appreciate the benefits of a healthy body and mouth. The Health Department provides a means for indigent parents to discharge their obligation in providing optimum dental health for their children. An emergency dental treatment service (relief of pain and infection) is provided for all children regardless of economic status.

The City of Winnipeg now supplies the demands for dental treatment of all children up to and including the seven year old age group. More and more private dentists are becoming interested in the younger patients and upon request of the parent will attend to early treatment needs of these members of a family. In order to provide comprehensive dental treatment coverages for children of indigent families of this group the Health Department maintains a trained staff and modernly equipped dental clinics conveniently located in the City. School dental inspections for Kindergarten, Grade I and Grade II with notifications of dental treatment needs being forwarded to the parents of children requiring dental attention motivates some families to request dental supervision.

The problems of treating oral manifestations in indigent crippled and handicapped children are of concern to the Branch. Surveys of dental treatment facilities provided in the City (and Province) for crippled and handicapped children indicate very little is offered to this unfortunate group of our society.

Acknowledgements.

The success of the Dental program of the City of Winnipeg Health Department has been the result of many contributors. The staff of the Dental Branch is greatly appreciative for all considerations and assistance given by the elected members of the City Council and the Winnipeg School District No. 1, the administrators of the School District, the principals, teachers and pupils of the Schools, the University of Manitoba, the various branches of the Health Department and many others.

INSPECTIONS BRANCH

Dairy	Principal Inspector	R. Bentham	Cert. R. San. 1.
Food	" "	R.C. Morrow	D.V.M.,C.S.I. (C).
Housing	" "	G. W. Kelly	Cert R. San.1.,C.S.I.(C)
Sanitation and Hygiene	" "	A. Cross	M.R.S.H.,C.S.I. (C).
Laboratory	Senior Technician	H. Robinson	Cert R. San. I.
Chief Health Inspector		E. J. Rigby	D.V.M.,B.S.A.,C.S.I.(C)

DIVISION OF SANITATION AND HYGIENE:

The personnel of this Division includes a principal inspector, one grade III inspector and seven grade II inspectors. This staff is responsible for the routine inspection of offices; workshops and factories; swimming pools; wading pools; schools; comfort stations; 325 licensed premises including second-hand stores, laundries, massage parlors, etc. In addition the Division reports on garbage and refuse in yards, lots, streets and lanes; on temporary surface closets for workmen; on noises; smoke, dust, fumes and offensive odours; on infestation of insects and rodents; and on pigeons and poultry. The Division collects water samples for bacteriological analysis daily at strategic points throughout the City.

With regard to the new incinerator by-law the district inspectors covered the City, lane by lane, advising persons responsible to stop burning garbage and refuse in outside incinerators. Most citizens accepted the inspectors' advice but a few had to be warned, some by mandatory notice, to stop using outside incinerators. Regular inspections regarding the prohibited use of outside incinerators will be continued throughout 1961.

Work on air pollution continues and again some good work has been done this year. With the installation, by some firms, of natural gas, some of our air pollution problems no longer exist.

One of the district inspectors continues his good work in the control of pigeons. The inspector holds a permit from the Chief of Police to shoot pigeons up until 7.15 a.m. each day. During the year some 2716 pigeons were shot.

During the latter part of June the Division instructed seventy-four (74) personnel on the proper operation of wading pools. This was necessary because the thirty-two (32) wading pools were, during the late spring, modernized to include;

(a) the circulation of the pool water every four hours,
(b) the filtration of the water during turn-over,
(c) and the automatic treating of the water to maintain a chlorine residual of 0.5 ppm with a p^H measurement between 7.0 to 7.6.

In addition to the instruction course the Division kept an inspector on the job all the time the pools were open, i.e. during July and August. This inspector made daily rounds visiting as many wading pools as possible giving advice and instruction to the operators and also collecting water samples for bacteriological analysis. The results

obtained by modernizing the wading pools were gratifying. During 1959 the laboratory sample analysis report showed the most probable number of coliform organisms to be between 460 and 1500 but in 1960 the MPN was reduced with the arithmetic average ranging from 0 to 150 coliform per 100ml. With the operators having one year's experience it is hoped that, in 1961, at least 90% of the samples will be between 0 - 100 coliform per 100 ml.

During 1960 the staff of the Division made a total of 19,081 inspections and re-inspections, and dealt with 6,963 defects requiring 6,455 notices. Due to the Division's policy of trying to educate the public regarding the benefits derived from proper sanitation and hygiene the number of prosecutions was held to 9 court cases with fines totalling $105.85.

DAIRY DIVISION:

The trend towards a decrease in the number of milk producers and an increase in the average volume of milk shipped by each producer continued during the year. Sales of fluid milk in 1960 totalled 133,563,035 lbs. supplied by 934 producers as compared with 129,730,678 lbs. supplied by 1018 producers in 1959.

43 bulk tanks were installed during the year, making a total of 121 bulk tanks in the Winnipeg milk shed. Many other producers are planning to install bulk tanks during the coming year. Due to the more efficient cooling afforded by bulk tanks, leaving bacteria in a dormant state, milk from bulk tanks was subjected to a pre-incubation temperature of 55°F. for 18 hours before testing. A refrigerator set at 55°F. was purchased for this purpose. Our inspectors gave close attention to the installation of bulk tanks, to ensure that they are installed in a milkhouse of sufficient size equipped with a supply of hot and cold water and electric outlets so that the tank can be maintained in a satisfactory condition.

The practise of collecting and testing samples of each producer's milk twice a month continues with rewarding results. The results of these tests are used by the Milk Plant in conjunction with the Milk Control Board in paying a 10¢ bonus per 100 lbs. of milk. The quality of the incoming milk since the adoption of the bonus payment plan continues to improve. Permits of producers whose milk or premises fail to meet the standards are cancelled.

Samples of the pasteurized milk, cream, ice cream and other dairy products are collected and tested each month on a routine basis. The quality of all products continues to be good.

HOUSING DIVISION:

This division is responsible for the enforcement of regulations and by-laws pertaining to the health aspects of dwelling places, including rooming houses, lodging houses, welfare institutions, hotels, etc.

During the year 8,543 inspections and re-inspections were made and 1,580 complaints attended to.

Overcrowding in dwellings continued to be the most difficult problem to deal with. The lack of adequate alternative accommodation for large families in the low income group virtually makes it impossible to enforce the requirement of the Public Health Act calling for at least 80 square feet of floor space for each person living in a house or suite of rooms. Our records reveal at least 100 families living in accommodation that is overcrowded when judged by the standard previously quoted.

During recent years there has been a trend to the increased use of attics for living quarters for families with small children. Many of these attics do not have windows of sufficient size so are apt to be dark even at mid-day. Orders to provide additional light in attics resulted in additional windows being placed in 50 attics in rooming houses and some 20 more attics being placarded as "unfit for occupancy". Inadequate means of egress from third storey rooms in the event of fire were noted and referred to the Building and Fire Inspectors for action. Similarily alleged defects in electrical wiring were referred to the electrical inspectors.

Regulations under the Public Health Act were amended during the year to require that tenant-occupied houses contain a bath, wash basin and hot water in addition to the toilet and sink formerly required.

A perusal of the tabulated report will indicate that the division has had a busy year and were successful in improving conditions in a considerable number of rooming houses and other dwellings.

FOOD DIVISION:

Restaurants and retail food outlets continued to be the major interest of the division. Improvement in premises and quality of food served, to the benefit of the public, was partly due to the cordial co-operation existing between the operators and the inspectors. Continuous efforts were made to advise operators of approved food handling practices.

New liquor outlets established during the year were mostly of the beverage room type. Several motel-hotels, containing dining rooms with liquor privileges, were opened in the downtown area for the convenience of tourists.

Extensive renovations in some food processing plants together with the introduction of new equipment capable of being readily kept in a sanitary condition contributed to an improvement in the sanitary conditions of such plants.

Canteens and lunch rooms in offices, workshops and factories, though not licensed as public restaurants, were inspected and advice given to the operators so that the premises and methods of food handling met recognized standards.

Reports of the various divisions follow.

E.J. Rigby, D.V.M.,
Chief Health Inspector.

DAIRY DIVISION

COUNTRY:	INSPECTIONS	CONTACTS
Milk Producers	2560	977
Prospective Producers	58	12
Bulk Milk Tanks	479	0
CITY:		
Pasteurization Plants (91licensed)	382	2145
Ice Cream Manufacturers	527	
Counter Freezers	532	
Butter Plants	402	
Cheese Plants	366	
Milk Trucks Inspected	461	
Tanker Trucks Inspected	175	
Vehicles - Delivery	94	

SAMPLES TAKEN:	
Milk Retail	1629
Milk Shippers	24892
Milk Special	2123
Cream	585
Ice Cream	651
Bottles for sterility	67
Water	56

GENERAL:	
Special Calls	993
Permits Issued	24
Permits Cancelled	107
Complaints	21
Letters sent re: Premises	1120
Letters sent re: Quality of Milk	6677
Letters sent re: Cans	51
Cans Inspected	9762
Tests of Equipment	45
Milk Samples Tested	1356
Temperatures Taken	6346

BACTERIOLOGICAL LABORATORY.

WATER ANALYSIS	Standard Plate Count	3027
	Presumptive Test	3027
	Confirmed Test	978
MILK & CREAM	Standard Plate Count	2156
	Babcock Test	2053
	Coliform Test	2204
	Phosphatase Test	2155
	Resazurin Test	26333
ICE CREAM	Standard Plate Count	611
	Coliform Test	691
MILK BOTTLES	Bacterial Test	75
DIAGNOSTIC	Diphtheria Swabs	233
	Urinalysis	430
	Total	43973

DIVISION OF SANITATION AND HYGIENE

Licensed:

	Inspections
Billiard Parlors	167
Bowling Alleys	41
Dog Kennels	16
Hatcheries and Pet Shops	58
Junk Yards	129
Laundries	123
Massage Parlors	76
Poultry Keepers	9
Second-hand Stores	270
Skating Rinks	11
Soap Manufacturing	2
Stables--Board, Feed and Sale	5
Tanneries and Hide Curing	8
Undertaking Parlors	22
Exhibitions	2
Total	939

Unlicensed:

OFFICES, WORKSHOPS & FACTORIES	6430
Comfort Stations	106
Community Clubs	62
Garbage and Refuse	2122
Lanes, streets, yards and vacant lots	5202
Outbuildings	12
Schools	20
Swimming Pools	520
Wading Pools	408
Wells	20
Workmen's Closets	2475
Miscellaneous	765
Total	11712

Total number of inspections		19081
Interviews		2866
Estimated value of repairs		$8142.00
Prosecutions	9	
Fines - including costs	$105.85	
Complaints	1158	
Notices:		
Verbal	5059	
Letter	176	
Informal	1100	
Specification	30	
Mandatory	90	
Total	6455	
Water Samples		2831
Deliveries		622

Defects discovered and dealt with:

Bedding and Upholstery	16
Cleanliness, lack of	253
Common Drinking Cups	92
Covered Waste Receptacles	24
Dampness	1
Drinking Facilities (water)	24
Garbage and Refuse	1529
Gas Installations	1
Heating: lack of	58
" Furnaces and Equipment	7
" Chimneys, ducts and piping	1
Lanes, streets, yards and vacant lots	2851
Lighting: Artificial or Natural	17
Noises	32
Overcrowding	0
Plumbing: Lack of	8
" Defective	71
" Illegally Installed	6
" Insufficient	18
" Dirty Fixtures	179
" Lack of legible signs	38
" No water supply	6
" No hot water	0
Pigeons or Poultry, illegal	45
Privacy, Lack of	2
Rest Rooms: Lack of	2
" " Dirty	9
" " Furnishings	8
" " Matron, lack of	0
Rodents: rats	56
" mice, other	6
Smoke, dust, fumes, odours	921
Soap and towels, lack of	46
Stagnant Water	15
Structural defects: Roofs and ceilings	14
" " Eavestroughing and R.W.L.	0
" " Cellars, floors, walls	19
" " Screen doors and windows	1
" " Storm doors and windows	4
Swimming Pools, Wading Pools	5
Unlawful occupation	5
Ventilation	39
Vermin	35
Workmen's Closets	198
Miscellaneous	301
Total defects and irregularities	6963

A. Cross,
Principal Inspector
Sanitation and Hygiene.

FOOD DIVISION

	INSPECTIONS	CONTACTS
Abattoirs	1	19
Bakeries	524	147
Banquet Halls	176	58
Beer Parlors	214	87
Brewery's & Bottling Plants	16	42
Candy Manufacturers	66	24
Canteens and Hotel Kitchens	252	113
Caterers	229	82
Cereal Mills	8	28
Cocktail Lounges	176	138
Dance Halls	138	51
Egg & Poultry Wholesale	14	5
Fish-filleting, Cold Storage etc.	55	62
Frozen Food Lockers	15	9
Ice Houses and Depots	19	3
Pickle and Vinegar Factories	15	13
Poultry Slaughterhouses	45	26
Private Clubs	42	43
Processing Plants	6	-
Producers Markets, Vegetable stalls etc.	73	93
Restaurants	5268	1382
Retail Food Stores, Grocers, Butchers	4418	931
Sausage Manufacturers	142	108
Wholesale - Groceries & Vegetables	196	81
Fires in Food Premises	32	60
Vehicles	79	5
Vending Machines	139	5
Special Calls	623	231
TOTAL	12,981	3,846

Complaints 238

Samples:
Food 1627
Water 19

Notices:
Verbal 6690
Written 972

Plans Examined ..... 206 Plans Approved 76

Condemnations (destroyed in City Incinerator);

Poultry	165½ lbs	Candy	1383½ lbs
Cookies	426 lbs	Baked Goods	675 lbs
Vegetables & fruit	16060 lbs	Fish	13695 lbs
Sugar	167 lbs	Canned Goods	968 lbs
Juice	2 gal.	Dairy Products	547½ lbs
Soup	27 gal.	Meat	1936 lbs
Cereal	3962 lbs	Nuts	227 lbs
Frozen Food	8216 lbs	Jam	36 lbs.

HOUSING DIVISION

Inspections and re-inspections - 8,543

Notices Issued: Verbal warnings - 2,672; Formal Notices - 2,000.

Complaints attended to - 1,580; Lack of heat - 394; other complaints - 1,186.

Houses placarded "Unsanitary" - 23

Violations or defects remedied during the year under orders from the Division

Overcrowding remedied: 107 families
Damp or dark cellars vacated: 41 cellars
Dark, low-ceilinged attics vacated: 20 attics
Additional windows constructed in previously dark attics: 50 attics
Bed bugs exterminated: 101 buildings
Cockroaches exterminated: 56 buildings
Rats exterminated: 33 properties
Mice exterminated: 70 buildings
Defestive cellars repaired: 84 cellars
Leaky roofs repaired: 69 buildings
Walls, ceilings, floors repaired: 320 buildings
Defective eavestroughing repaired: 51 buildings
Defective heating equipment repaired or renewed: 93 buildings
Fly screens and/or storm sashes provided: 223 buildings
Defective plumbing repaired: 294 buildings
Additional plumbing installed to comply with regulations: 249 buildings
Hot water facilities provided or improved: 112 buildings
Additional heat provided: 298 buildings
Redecorated: 365 buildings
Garbage nuisances corrected: 148 properties
Gas Stoves removed from bedrooms: 43 rooming houses
Leaky gas stoves repaired or renewed: 4 rooming houses
Floor coverings renewed: 84 buildings
Additional electric light provided: 61 rooming houses & apartment blocks
Blinds provided for windows: 55 buildings
Filthy or torn mattresses or bedding cleansed, repaired or renewed: 63 rooming houses and hotels
Filthy or dilapidated furniture cleansed, repaired or renewed: 33 rooming houses & hotels
Floors, walls washed: 330 buildings
Miscellaneous defects remedied: 326 buildings

Police Court Summonses Issued - 26

Violations of rooming house regulations, insufficient plumbing, broken plaster, dirty walls, lack of sufficient hot water, gas stoves in bedrooms	8
Failure to provide sufficient heat in rooming houses	7
Failure to provide sufficient heat in apartment blocks	3
Failure to provide hot water and failure to exterminate mice in a duplex	1
Failure to exterminate bedbugs ...	3
Failure to exterminate cockroaches.	1
Failure of a tenant to vacate a condemned house	1
Failure to repair leaky roofs	2
	26

Convictions	21
Dismissals	2
Withdrawals	3
	26

Total fines - $426.00 (including costs of court).

G.W.Kelly,
Principal Inspector,
Housing Division.

CITY HEALTH DEPARTMENT

Summary of Expenditures, 1960
(to nearest dollar)

(a)	Personal Services	$456,656.00
(b)	Outside Services	77,041.00
(c)	Materials, Supplies and Repairs . . .	74,465.00
(d)	Equipment, Additions and Replacements	4,258.00
(e)	Fuel, Water, Light and Power.	70.00
(f)	Other Expenses	1,579.00
(h)	Automobile Expense	15,651.00
		$629,720.00

Expenditures by Branches, 1960
(to nearest dollar)

		Total	Personal	Other
C1-1	Administration and Statistics . . .	$ 32,668.00	$ 29,239.00	$ 3,429.00
C1-2	Communicable and Other Diseases . .	120.770.00	38,635.00	82,135.00
C1-3	Inspection Services & Laboratory. .	124,889.00	111,567.00	13,322.00
C1-4	Child Medical Services	29,765.00	4,270.00	25,495.00
C1-5	Child Dental Services	73,555.00	37,894.00	35,661.00
C1-6	Public Health Nursing	225,720.00	214,010.00	11,710.00
C1-7	National Health Grants (City's Share)	22,353.00	21,041.00	1,312.00
	Total	$629,720.00	$456,656.00	$173,064.00

Cost per Capita $2.45

CITY HEALTH DEPARTMENT

Projects Under National Health Grants

Summary of Expenditures, 1960
(to nearest dollar)

(a)	Personal Services	$85,985.00
(b)	Outside Services	2,541.00
(c)	Materials Supplies & Repairs	1,320.00
(h)	Automobile Expense	4,273.00
		$94,119.00
	Less Cost to City of Winnipeg	22,353.00
	Revenue from National Health Grants	$71,766.00

Expenditures by Projects, 1960
(to nearest dollar)

	Service	Total	Personal	Other
C1-7(2)	Registry of Handicapped Children ..	$ 3,858.00	$ 2,344.00	$1,514.00
C1-7(3)	Assistance to Health Services ..... Health Inspections	69,211.00	63,426.00	5,785.00
c1-7(4)	Assistance to Health Services ..... Nursing Services	21,050.00	20,215.00	835.00
		$94,119.00	$85,985.00	$8,134.00
	Less Cost To City of Winnipeg	22,353.00	21,041.00	1,312.00
	Total	$71,766.00	$64,944.00	$6,822.00

(a) Personal Services	567,985.00
(b) Other Services	3,534.00
(c) Materials and Supplies	1,320.00
(d) Property Expenditures	4,272.00
	594,110.00
Less Cost to City of Airplane	22,370.00
Revenue from National Health Grants	71,174.00